

KINSHIP CARE CASE DATA COLLECTION

Use of this form: Completion of this form is required by the State / County / Tribal contract. The State of Wisconsin is required by 45 CFR Parts 270-275 to report to the Federal Administration for Children and Families (ACF) on all use of Temporary Assistance to Needy Families (TANF) funds. TANF funds are currently used to fund payments for children in Kinship Care; therefore, Kinship Care data must be reported to ACF. Additionally, the Wisconsin Department of Public Instruction (DPI), under Section 1113 of Title 1, requires information on TANF payments. All information will be used only for federal reporting and Departmental decision making. Any personally identifiable information is considered confidential and will be used only to match with other agencies to help ensure that federal reporting does not contain any duplication of data. Counties and Tribes should make clients aware that provision of their social security number is voluntary. However, if it is not provided, it may result in inaccuracies in record-keeping and delay the payments. (Refer to Numbered Memo DCFS-99-07 for reporting penalty statements.)

Instructions: See page 3 for complete instructions.

Note: All items should be completed, but items in **bold** must always be completed.

Check appropriate action:

- ☐ **Add Case** Check when an entirely new case needs to be reported. A "case" is defined by the relative caregiver. Give as complete information as possible.
- NOTE: When a caregiver family moves to a different county:
- If the original county remains responsible for Kinship payments, that county should submit an "Update" with new address information.
 - If the new county becomes responsible for Kinship payments, the original county should submit a "Terminate Payment" form and the new county should submit an "Add Case" form.
- ☐ **Add Child** Check when one or more children are to be added to an existing case. Complete known "Case Information" and items 5 and 6 to ensure that the new child is being added to the correct case.
- ☐ **Update** Check when any data previously reported needs to be changed or when previously terminated payments are to be restarted. Complete known "Case Information" and items 5 and 6 to ensure that the correct case is updated. The only other information that must be completed is the information that is being changed. To restart previously terminated payments, complete the "Start Date" in Section E.
- ☐ **Terminate Payment** Check when a child's payments are stopped. Complete known "Case Information" and items 5 and 6 to ensure that the correct child's payment is terminated. Complete Section E.

PART A

Name - Person Completing This Form		Date - Form Completed
A. Case Information		
1. Case Number - Kinship Care	2. Case Number - CARES	
3. Name - County / Tribe (Agency responsible for Kinship Care payment.)	4. Case Number - County / Tribe (Complete if the relative caregiver currently has an assigned County or Tribe case number.)	
B. Relative Caregiver Information		
5. Name (Last, First, MI)		6. Birthdate (mm / dd / yyyy)
7. Address (Street, City, State, Zip Code)		8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Applicant's Ethnicity - Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant's Race - Check at least 1 and up to 3. <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other		10. State Use Only
		11. Social Security Number

12. Relative Caregiver Household Type

- | | |
|---|--|
| <input type="checkbox"/> Single female | <input type="checkbox"/> Married couple |
| <input type="checkbox"/> Single female with unrelated partner | <input type="checkbox"/> Other |
| <input type="checkbox"/> Single male | <input type="checkbox"/> Unable to determine |
| <input type="checkbox"/> Single male with unrelated partner | |

13. Marital Status

- ☐ Single, never married
☐ Married, living together
☐ Married, but separated
☐ Divorced
☐ Widowed

14. Educational level. Use the following codes to complete this item.

Use the following boxes as appropriate:

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- 01-11 Grade level completed in primary / secondary school including secondary level vocational school or adult high school. **Enter the last grade completed.**
- 12 High school diploma, GED or National External Diploma Program

- 13 Awarded Associate's Degree
14 Awarded Bachelor's Degree
15 Awarded graduate degree (Master's or higher)
16 Other credentials (degree, certificate, diploma, etc.)
98 No formal education
99 Unknown

15. Employment status

- ☐ Employed
☐ Unemployed, looking for work
☐ Not in labor force

NOTE: Part B MUST be completed for each child receiving Kinship payments while in the care of this relative caregiver. Staple all pages for a single case together for submittal.

Instructions for Completing CFS-2100 Kinship Care Case Data Collection, Part A

Item No.

Prior to item 1, enter the name of the person completing the form and the date the form was completed.

- 1 Enter the Kinship Care case number assigned by the Department of Health and Family Services, if known. This is an eight digit number. The first three numbers indicate the county / tribe code; e.g., 001 is Adams county. The last five numbers correspond to the order in which the case was entered into the system.
- 2 Enter the CARES number of the relative caregiver if the relative caregiver has previously been entered into the CARES system. If none, leave blank.
- 3 Enter the name of the county or tribe of the agency completing the form. For Oneida, specify if it is the county or tribe.
- 4 Enter any local identification or case number that you might have for your own recording purposes. If you do not have one, leave blank.
- 5 Enter the name of the primary relative caregiver in the requested order; i.e., last name, first name, middle initial.
- 6 Enter the date of birth of the primary relative caregiver. Note the order in which the date should be presented; i.e., two digit number for month, two digit number for day, and four digit number for year.
- 7 Enter the address of the relative caregiver, including city, state and Zip Code.
- 8 Indicate the gender of the person named in item 5.
- 9 Note that this is a two part item. First, indicate whether the relative caregiver identified in item 5 is or is not of Hispanic or Latino ethnicity. Second, indicate the race of the relative caregiver. You must check at least one of the options and may check up to three options.
- 10 Leave blank.
- 11 Enter the Social Security Number of the relative caregiver identified in item 5.
- 12 Check only one option which best describes the household type.
- 13 Indicate the marital status of the relative caregiver identified in item 5.
- 14 Enter a two digit code indicating the educational level achieved by the relative caregiver identified in item 5. Note that you should enter the level completed; e.g., the relative caregiver left high school after his or her sophomore year, enter "10."
- 15 Check the one option which best represents the status of the person identified in item 5. Check "Employed" if the person is working whether full or part-time. Check "Unemployed, looking for work" if the person is not currently employed at all and is actively seeking full or part-time employment. Check "Not in labor force" if the person is not employed and is not seeking employment, is retired, or is disabled and cannot work.